

**HILLSIDE ANIMAL HOSPITAL**

5325 MANCHESTER AVE.  
ST. LOUIS, MO 63110  
(314) 645-2141

Client ID: 2320

Invoice #: 79330

Date: 4/26/2012

Mr. Sean &amp; Kristin R. Hoffmann

  
St. Louis, MO 63116


Patient ID: 3204

Weight: 111.50 pounds

Patient Name: Rugger

Birthday: 04/02/2007

Species: CANINE

Sex: Neutered Male

Breed: ROTTWEILER

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/26/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.M.	1.00	\$44.00
	Intestinal Parasite Fecal Screen		1.00	\$22.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	RABIES CANINE-3 YEARS		1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY		1.00	\$5.00
	DA2P ADULT-3 YEARS		1.00	\$31.50
	Trifexis 120lbs Brown 6 months		1.00	\$107.35
	Panacur Granules 4 gram		9.00	\$55.48
		<b>Patient Subtotal:</b>		<b>\$358.33</b>

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

04/26/2013 ANNUAL PREVENTATIVE CARE EXAM  
4DX Annual Blood Parasite Screening  
Bordetella Vaccination-INTRANASAL  
Intestinal Parasite Fecal Screen

04/26/2015 DA2P ADULT-3 YEARS  
RABIES CANINE-3 YEARS

Thank you for visiting us today. We appreciate our clients very much. Please visit  
our website at [Hillsideanimalhospital.net](http://Hillsideanimalhospital.net) !!!

RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION

TYPE OR PRINT HARD - YOU ARE MAKING THREE COPIES.

Animal's Name: Rugger Specific Breed Rottw.

Color: Blk/Brown Age 5 yr Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N

Owner's Name: Hoffmann Sean + Kristin

Address: [redacted]

Telephone: [redacted] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on \_\_\_\_\_

[Signature]  
Signature of Health Officer or Agent

[Signature]  
Signature of Owner

VACCINATION / REGISTRATION NO.									
3	1	6	6	4					
DATE OF VAC/REGISTRATION									
4/26/12									
VACCINE MANUFACTURER & LOT NO.									
Merial 18161A									
CLINIC IDENTIFICATION									
Hillside Ant Hosp									
TYPE OF VACCINE									
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR									
REGISTRATION FEE:									
\$ 5.00									

**HILLSIDE ANIMAL HOSPITAL**

5325 MANCHESTER AVE.  
ST. LOUIS, MO 63110  
(314) 645-2141

Client ID: 2320

Invoice #: 79350

Date: 4/27/2012

Mr. Sean &amp; Kristin R. Hoffmann

  
St. Louis, MO 63116


Patient ID: 5501

Patient Name: Amber

Species: CANINE

Breed: LABRADOR MIX

Weight: 57.50 pounds

Birthday: 05/10/2008

Sex: Spayed Female

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/27/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	RABIES CANINE-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$5.00
	DA2P ADULT-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$31.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	Trifexis 60 lbs Blue 6 months		1.00	\$103.68
	Panacur Granules 4 gram		3.00	\$21.16
	Panacur Granules 2 gram		3.00	\$14.80
<b>Patient Subtotal:</b>				<b>\$313.14</b>

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

04/25/2013 Intestinal Parasite Fecal Screen  
04/27/2013 ANNUAL PREVENTATIVE CARE EXAM  
4DX Annual Blood Parasite Screening  
Bordetella Vaccination-INTRANASAL  
04/27/2015 DA2P ADULT-3 YEARS  
RABIES CANINE-3 YEARS

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at [Hillsideanimalhospital.net](http://Hillsideanimalhospital.net) !!!

5325 MANCHESTER AVE.  
ST. LOUIS, MO 63110  
(314) 645-2141

Date: 4/27/2012

St. Louis, MO 63116

Patient ID:	5896	Weight:	72.80	pounds
Patient Name:	Jack	Birthday:	06/12/2007	
Species:	CANINE	Sex:	Neutered Male	
Breed:	PITBULL MIX			

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/27/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Intestinal Parasite Fecal Screen		1.00	\$22.00
	RABIES CANINE-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$5.00
	DA2P ADULT-3 YEARS	Dr. Edward J. Migneco, D.V.M.	1.00	\$31.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	Panacur Granules 4 gram		6.00	\$38.32
		<b>Patient Subtotal:</b>		<b>\$233.82</b>

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

**DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.**

04/27/2013 Intestinal Parasite Fecal Screen  
ANNUAL PREVENTATIVE CARE EXAM  
4DX Annual Blood Parasite Screening  
Bordetella Vaccination-INTRANASAL

04/27/2015 DA2P ADULT-3 YEARS  
RABIES CANINE-3 YEARS

**Thank you for visiting us today. We appreciate our clients very much. Please visit our website at [Hillsideanimalhospital.net](http://Hillsideanimalhospital.net) !!!**

5325 MANCHESTER AVE.  
ST. LOUIS, MO 63110  
(314) 645-2141

**Mr. Sean & Kristin R. Hoffmann**

**St. Louis, MO 63116**

CUSTOMER COPY

**Balance Due: \$0.00**

**Thank you for visiting us today. We appreciate our clients very much. Please visit our website at [Hillsideanimalhospital.net](http://Hillsideanimalhospital.net) !!!**



RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: Amber Specific Breed Lab mix

Color: Amber Age 3yr 11mo Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N

Owner's Name: Hoffmann Sean + Kristin

(LAST)

(FIRST)

(MIDDLE)

Address: [REDACTED]

Telephone: [REDACTED] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on

[Signature]  
Signature of Health Officer or Agent

[Signature]  
Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.  
31668

DATE OF VAC/REGISTRATION  
4-27-12

VACCINE MANUFACTURER & LOT NO.  
Merial 18161A

CLINIC IDENTIFICATION  
Hillside An Hosp

TYPE OF VACCINE  
☐ 1 YEAR ☒ 3 YEAR

REGISTRATION FEE:  
\$ 5.00

RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: JACK Specific Breed Pitbull mix

Color: Brown Age 4yr 10mo Size: ☐ S ☐ M ☐ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N

Owner's Name: Hoffmann Sean + Kristin

(LAST)

(FIRST)

(MIDDLE)

Address: [REDACTED]

Telephone: [REDACTED] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on

[Signature]  
Signature of Health Officer or Agent

[Signature]  
Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.  
31667

DATE OF VAC/REGISTRATION  
4-27-12

VACCINE MANUFACTURER & LOT NO.  
Merial 18161A

CLINIC IDENTIFICATION  
Hillside An Hosp.

TYPE OF VACCINE  
☐ 1 YEAR ☒ 3 YEAR

REGISTRATION FEE:  
\$ 5.00

Jefferson Animal Hospital 2120 South Jefferson 772-4438

Date

8-24-12

Client

Hoffmann

Patient

(Jefferson) Mister

2

CHARACTER OF SERVICE

FEE

CLINIC

- ☐ EXAMINATION AND OFFICE CALL  
☐ RE-EXAM  
☐ INJECTION  
☐ EAR TREATMENT ☐ ANAL GLANDS  
☐ PEDICURE  
☐ EUTHANASIA AND DISPOSAL

PHARMACY

- ☒ TABLETS/CAPSULES Capstar (25-125 lbs.) 4-  
☐ LIQUID  
☒ ~~DIET FOOD~~ Panacur granules x3 11-  
☐ DIET FOOD  
☐ VITAMINS

IMMUNIZATIONS

- ☐ DHLPP BOOSTER  
☐ RABIES VACCINE ☐ LICENSE  
☐ DISTEMPER-HEPATITIS - LEPTOSPIROSIS-PARAINFLUENZA-PARVO  
☒ BORDETELLA Intranasal 24-  
☐ FELINE DISTEMPER-RHINOTRACHEITIS-CALICI-PNEUMONITIS  
☐ FELINE LEUKEMIA VACCINE

NEXT VACCINE RECOMMENDED

HOSPITAL

- ☐ SEDATION/TRANQUILIZER ☐ ANESTHETIC  
☐ RADIOLOGY (X-RAY)  
☐ SURGERY ☐ FRACTURE FIXATION  
☐ DENTISTRY ☐ WORMING  
☐ MEDICINE/DRUGS  
☐ FLUIDS/TRANSFUSIONS  
☐ HOSPITAL CARE AND BOARD DAYS @\$

LABORATORY

- ☒ FECAL ☐ URINE whipworms 17-  
☒ BLOOD ☐ SKIN 35-  
☐ CULTURE ☐ SENSITIVITY  
☐ BIOPSY ☐ AUTOPSY

heartworm  
test  
Negative

TOTAL

91.00

Deposit

Previous Balance

RECHECK

Rx

TOTAL DUE

**Chippewa Animal Hospital**

3850 Chippewa Street  
St. Louis, MO 63116  
(314) 772-0292

Page 1 / 1

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 221423

Date: 9/25/2012

Patient ID: 3943	Species: Feline	Weight:	
Patient Name: Jazzmin	Breed: Domestic Shorthair	Birthday: 01/14/2008	Sex: Spayed Female

	Description	Staff Name	Quantity	Total
9/25/2012	FVRCP Booster	Steve T. Pendino, DVM	1.00	\$12.96
	Feline Leukemia Booster		1.00	\$22.81
	Wellness Exam w/ Vacc & OC		1.00	\$29.40
	Hazardous Waste Disposal		1.00	\$4.06
	Revolution 5-15 Lbs Feline		1.00	\$87.50
		<b>Patient Subtotal:</b>		<b>\$156.73</b>

Reminder

07/23/2013 Rabies Feline 3 Year Booster  
09/25/2013 FVRCP Booster  
Feline Leukemia Booster

**Invoice Total: \$156.73**

Total: \$156.73

Balance Due: \$156.73

Previous Balance: \$0.00

Balance Due: \$156.73

Master Card: (\$156.73)

Less Payment: (\$156.73)

**Balance Due: \$0.00**

CHIPPEWA ANIMAL HOSPITAL  
3850 CHIPPEWA  
SAINT LOUIS MO 63116  
314-772-0292

Merchant ID: 000002713710  
Term ID: 00339565 Ref #: 0002

Sale

\*\*\*\*\*0716

DEBIT Entry Method: Swiped

Total: \$ 156.73

09/25/12 10:20:28

Inv #: 000002 Appr Code: 009701

Apprvd: Online Batch#: 000076

HOFFMANN /KRISTIN L

Customer Copy

We are proud to announce that we now have a website. Please visit us at  
[www.chippewaanimalhospital.vetsuite.com](http://www.chippewaanimalhospital.vetsuite.com). To participate in our Pet Portals program  
please provide us with an updated email address.